Filed 07/18/18 Case 18-14089-elf Entered 07/20/18 14:31:22 Doc 13 Document Page 1 of 24 Fill in this information to identify your case and this filing: Debtor 1 18 2018 Debtor 2 (Spouse, if filing) First Name Last Name TIMOTHY McGRATH, CLERK United States Bankruptcy Court for the: <u>Eastern</u> District of <u>Pennsylvania</u> DEP CLERK Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Part 1: 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Single-family home Duplex or multi-unit building Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? \$ 950,000.00\$ 950,000.00 Land Investment property Describe the nature of your ownership Timeshare interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the entire property? portion you own? Manufactured or mobile home Land Investment property Describe the nature of your ownership ☐ Timeshare City ZIP Code interest (such as fee simple, tenancy by State Other the entireties, or a life estate), if known. Who has an interest in the property? Check one.

☐ Check if this is community property

(see instructions)

Debtor 1 and Debtor 2 only

At least one of the debtors and another

property Identification number:

Other information you wish to add about this item, such as local

Debtor 1 only
Debtor 2 only

County

	Case 18-14089			Decument Page 2 of 24	· · · · · · · · · · · · · · · · · · ·	
Debtor 1	Tray E	Nama	Bear	Document Page 2 of 24 Case number (a	(known) 18-1408	9-elf
1.3.	Street address, if available	e, or other de	ziP Code	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not deduct secured cit the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Describe the nature of	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ of your ownership
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	County			Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co	ommunity property
				Other information you wish to add about this i		
ou own		al or equites. If you les	able interes	st in any vehicles, whether they are registered o e, also report it on <i>Schedule G: Executory Contract</i> : , motorcycles	<u>-</u>	s
o you o ou own . Cars,	own, lease, or have leg that someone else drive vans, trucks, tractors	al or equites. If you les	able interes	e, also report it on Schedule G: Executory Contract	<u>-</u>	s
o you o ou own . Cars,	own, lease, or have leg that someone else drive vans, trucks, tractors	al or equites. If you les	able interestable ase a vehicles	e, also report it on Schedule G: Executory Contract	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?	eims or exemptions. Put ed claims on Schedule D: ms Secured by Property.
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	Debtor 1 only	the amount of any secure	d claims on Schedule D:
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mation:	☐ At least one of the debtors and another	current value of the entire property?	Current value of the portion you own?
	Check if this is community property (see instructions)	\$	\$
e more than one, list here:	Who has an interest in the property? Check one.		
	Debtor 1 only		
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of th portion you own?
-	Debior I and Debior 2 only		
mation:	At least one of the debtors and another	Transport of the second of the	
	rmation: //e more than one, list here:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) The more than one, list here: Who has an interest in the property? Check one. Debtor 1 only	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Current value of the entire property? Check if this is community property (see instructions) Check if this is community property? Check one. Do not deduct secured clatter amount of any secure. Creditors Who Have Clain Debtor 1 only Current value of the entire property? Current value of the entire property?

Case 18-14089-elf Doc 13 Filed 07/18/18 Entered 07/20/18 14:31:22 Desc Main Document Page 4 of 24

Debtor 1

Tracy Eileen Beaver	irst Name	Middle Name		Last Name	****
	Trace	1 Eil	leen	7) - "	~

Case number (# Anown) 18 - 14089 - elf

Do you own or have any l	egal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Household goods and	furnishings	
Examples: Major appliar	nces, furniture, linens, china, kitchenware	
□ No		magnatoto 18479
Yes. Describe	living room furniture, table, lamps, draperies	\$2,900.00
7. Electronics)	
Examples: Televisions a collections; e	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games	
☐ No		magazi remer e n
Yes. Describe	telensions, computer, cell phone	\$1,200.00
8. Collectibles of value	·	
	figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles	
Yes. Describe		\$
9. Equipment for sports a		and the second of the second o
Examples: Sports, photo	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments	
No		- Continue of
Yes. Describe		; s
10. Firearms		
■ No	shotguns, ammunition, and related equipment	-
Yes. Describe		\$
11. Clothes		
	thes, furs, leather coats, designer wear, shoes, accessories	
No	and a control oction, according to the control oction of the control oction oct	
Yes. Describe	wearing apparel	\$ 700.00
		annesistativini gas (
12. Jewelry Examples: Everyday jew gold, silver	velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
S No		
Yes. Describe	•	\$
13. Non-farm animals		
Examples: Dogs, cats, b	inte horses	
_		
No December		
Yes. Describe		5
	d household items you did not already list, including any health aids you did not list	
No Character		- Annual Princip
Yes. Give specific information	•	\$
	all of your entries from Part 3, including any entries for pages you have attached	11/ 200
Auu ule donat value o	imber here	\$ 14,300.00

	Case 18-14	4089-elf	Doc 13	Filed 07/18/18 Document F	age 5 of 24		Desc Main
Debtor 1	Iran	kileen	<u>Bea</u>	ver	Case number (# po	ONT) 18-140	89-elf
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Part 4:	Describe You	ır Financial	Assets	ood a seesa da a seesa		Nobelaug 1970 til kaug 450 til kaug 570 kentang 1970 kentang 1970 kentang 1970 kentang 1970 kentang 1970 kenta	
Do you o	own or have any l	egal or equite	ible interest in	any of the following?			Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash Exam	ples: Money you h	ave in your wa	allet, in your ho	me, in a safe deposit box,	and on hand when you file	your petition	
□ No						_	
■ Ye	es	••••••				ash: 7,000.0	\$ 7,000.00
					it; shares in credit unions, t same institution, list each.	orokerage houses,	
☐ No	o es			Institution name:			
				1 × 1 × 1			
		17.1, Checkin	g account:	<u>Citadel</u>	43 1 1	6 1.	\$ 250.00
		17.2. Checkin	g account:	_ Downingto	un National	Bank	\$ 5.00
		17.3. Savings	account:				\$
		17.4. Savings	account				\$
		17.5. Certifica	ites of deposit:	**************************************			\$
		17.6. Other fil	nancial account:		······································		\$
		17.7. Other fi	nancial account:			····	S
		17.8. Other fil	nancial account:				S
		17.9. Other fi	nancial account:				\$
							V
	s, mutual funds, <i>ples:</i> Bond funds,			kerage firms, money mari	ket accounts		
■ N	*						
☐ Ye	es	Institution or	issuer name:	•			
							\$
							\$
							\$
	publicly traded st			orated and unincorpora	ted businesses, including	an interest in	
■ N		Name of ent			4	6 of ownership:	
☐ Ye	es. Give specific					0% %	\$
	formation about em					0%%	\$
-						<u>0%</u> %	\$

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Debtor 1		Eiler		rev	Case number (if known)_	18-140	89-e14
	First Name	Middle Name	Last Name				
20 Gove	ernment and corno	orate bonds an	d other nead	otlable and non-negotia	hie instruments		
	•		_	•	notes, and money orders.		
				insfer to someone by sign			
	No						
	es. Give specific	Issuer name:					
•••	nformation about						\$
							\$
							\$
21. Retir	rement or pension	accounts					
Exan	nples: Interests in IF	RA, ERISA, Ke	ogh, 401(k) , 4	03(b), thrift savings accor	unts, or other pension or profit-sl	naring plans	
1 V							
	es. List each account separately.	Type of accou	nt: Institu	ition name:			
		401(k) or simila	r plan:				\$
		Pension plan:	*****				\$
		IRA:	-				\$
		Retirement acc	ount:				\$
		Keogh:	***************************************				\$
		Additional acco	unt:				\$
		Additional acco	unt:				\$
22. Sec u	irity deposits and	prepayments					
Your	share of all unused	l deposits you l		•	ervice or use from a company		
Exar	mples: Agreements panies, or others	with landlords,	prepaid rent,	public utilities (electric, ga	as, water), telecommunications		
*							
	No -						
LI Y	res		Institution	name or individual:			
		Electric:					\$
		Gas:					\$ <u>·</u>
		Heating oil:	····			······································	\$
		Security depos	it on rental unit:				\$
		Prepaid rent:					\$
		Telephone:					\$
		Water:					\$
		Rented furnitur	e:	······································			\$
		Other:	**************************************				\$
							*
23. Anni	uities (A contract fo	r a periodic par	vment of mon	ey to you, either for life o	r for a number of vears)		
23. Alliil	-	. a politorio pa	, 	and the second s	a manual or justoj		
	Yes	leever name	and desseinting	·			
\	I 55	issuer name a	nia aescription				œ.
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Debto	or 1	First Name Middle	K leer) Od	eaver	Case number	(if known) 18-14	089-e1+
		The trade	io Hamo	Cast Harry				
		n an education IR §§ 530(b)(1), 529 <i>A</i>			qualified ABLE program,	or under a qualified st	ate tuition program.	
	No							
·	Yes		· Institution	name and	description. Separately file	e the records of any inte	rests.11 U.S.C. § 521(c):
								•
			***************************************		*			φ
					March		***************************************	4
			***************************************					*
		uitable or future le for your benefi		property (c	other than anything liste	d in line 1), and rights	or powers	
1	No							
	Yes. G	ive specific ation about them		n giftennigh tin amendian de eigen ethin igh ideal feineach			undergaga at Pilminessaya yawati Adesigenanina, gani at esikalilar ngili birak e esiminesa katalar da ak	\$
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			•	-	and other intellectual pro eds from royalties and lice	•		
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***************************************		ation about them	••					\$
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		franchises, and	-					
E	xamples:	Building permits,	exclusive lice	nses, coop	perative association holdir	ngs, liquor licenses, profe	essional licenses	
) No				Ost Cotta	1 icone		eranule.
		live specific ation about them	Penns	livani	a Real Estate Real Estate	. Hense		s 0.00
	HIOHH	ation about them	Flori	da k	Real Estate	license	rigoriyyay gardadha sissis ida sisaylda qox a sissis a aagad PelaPela dhisay qabadhda Pelababa dhiro dhis	V
Mone	ev or pro	perty owed to yo	ou?					Current value of the
	-, ,							portion you own?
								Do not deduct secured claims or exemptions.
28 T s	ax refun	ds owed to you						
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	•	ou already filed the nd the tax years		to Troppy and the	•		State:	\$
	_	,					Local:	\$
						and the second s		
	amily su							ant.
		reast due or lump	sum alimony	, spousal s	support, child support, ma	intenance, divorce settle	теп, рюрепу зешет	CIIL
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	Yes. G	live specific Inform	ation	to demanda and			Alimony:	\$ 4.620.36
				Tempor - "rat. de			Maintenance:	s 4,620.36 s
				1			Support:	\$
							Divorce settlement:	\$
				Min	nous penden	te life -nome	1	\$
				77 1111	nony penden	. THE WITCH	.5	
		ounts someone d : Unpaid wages. d			t nents, disability benefits, s			
					ou made to someone else	1 97 minutes programme		
9	No No			producers dealers annual and the second	والمراقعة والمستوان والمست	en general de la companya de la comp		rhanoving
	Yes. 0	live specific inform	nation	•				

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	Fast (dame	MILLING INSERTS	Frant Laborito.				
	*	•	nce; health savings acco	unt (HSA); cred	it, homeowner's, or renter's insurar	ice	
	es. Name the insu		Company name:		Beneficiary:		Surrender or refund value:
	of each policy	and list its value				:	.
if you	are the beneficia ity because some	y of a living trust,	r from someone who ha expect proceeds from a l		olicy, or are currently entitled to reco	eive	
☐ Ye	es. Give specific i	nformation					.
Exam	ples: Accidents, e			awsult or made	a demand for payment		
□ N		daim				*	_
	ss. Dosonoc ada	www.	Auto acciden	t medle	al claim		5,000.00
	t off claims	unliquidated clal	ms of every nature, inc	luding counter	claims of the debtor and rights		
☐ Ye	es. Describe each	daim	:	um, us, um, us em 1945 (s.), sistem en des une Problem Alexandro en Alexandro			t.
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* 3 3 4	s 1-11	£ -11 - £					
					for pages you have attached	→	16,875.36
Part 5:					r Have an Interest In. Lis	t any rea	l estate in Part 1.
	ou own or have a o. Go to Part 6.	ny legal or equita	ble interest in any bus	iness-related p	property?		
	es. Go to line 38.						
							urrent value of the ortion you own?
							not deduct secured claims exemptions.
38. Acco	unts receivable (or commissions y	ou already earned				
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O Y	es. Describe					\$_	
		nishings, and su			rugs, telephones, desks, chairs, electror	ic devices	
■ N	es. Describe	ngiy. 1975 ya i ngani niya ming Mahadaya. Ni nayalaya Mahagaya sa Ma					
u Y	es. Describe			and the state of t	and the state of t	\$_	

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Debtor 1	Trad First Name	Filecn Middle Name	Bea Laurt Name	ver	Case numb	ner (# known) 18 - 14	089-cK
0. Machi i	nery, fixtures, e	quipment, suppi	les you use i	in business, and tools	of your trade		
No Ye	s. Describe						
1. Invent	-						
	s. Describe		No contract that the state of t				\$
2. Interes		ips or joint vent	ures				
	s. Describe	Name of entity: Ki Yo Ko		m Interiors	,		\$ 15,000.00 \$
No.	•	g lists, or other Include persona	•	s ele information (as defin	ned in 11 U.S.C. § 101	(41A))?	
	No Yes, Desc	ribe					\$
4. Any b e		property you die		assantine historia en acceptant acceptant de la constitució de la			const.
☐ Ye	s. Give specific					······································	\$
							\$ \$
							\$ \$
							\$
		-		rt 5, including any entr		_	\$ 15,000.00
art 6:				l Fishing-Related Pi I, list it in Part 1.	roperty You Own o	r Have an Interest (in.
No.	. Go to Part 7.	iny legal or equi	table interes	t in any farm- or comm	ercial fishing-related	property?	
∟i Ye	s. Go to line 47.						Current value of the portion you own? Do not deduct secured claims or exemptions.
7. Farm Examp No	oles: Livestock, p	ooultry, farm-raise					
☐ Ye	98	ugen malikuskur pili Ma i A sava qualifilida dilaka, sak kapuna pempu		and it was the second of the transmission of the second of			s
	ţ		magangan ya a a <u>a a a a a a a a a a a a a a a a</u>	and the second s		gggggggggggggggggggggggggggggggggggggg	3

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Debtor 1 Tray Filen Beaver	Case number (V Innoveri) 18 - 14089 - e14
48. Crops—either growing or harvested	
Yes. Give specific	\$
49. Farm and fishing equipment, implements, machinery	, fixtures, and tools of trade
☐ Yes	\$
50. Farm and fishing supplies, chemicals, and feed	
☐ Yes	s
51. Any farm- and commercial fishing-related property ye	-
Yes. Give specific	s
52. Add the dollar value of all of your entries from Part 6	
Part 7: Describe Ali Property You Own or	Have an Interest in That You Did Not List Above
53. Do you have other property of any kind you did not a Examples: Season tickets, country club membership	
54. Add the dollar value of all of your entries from Part 7	\$
Part 8: List the Totals of Each Part of this	s Form
55. Part 1: Total real estate, line 2	→ \$ <u>950,000</u> .00
56. Part 2: Total vehicles, line 5	<u>\$ 9,500.60</u>
57. Part 3: Total personal and household items, line 15	s 14,300,00
58. Part 4: Total financial assets, line 36	<u>s 16,875.36</u>
59. Part 5: Total business-related property, line 45	<u>\$ 15,000.</u> 80
60. Part 6: Total farm- and fishing-related property, line 5	
61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61	+\$0.00 \$_55,675.36 Copy personal property total → +\$_55,675.36
63. Total of all property on Schedule A/B. Add line 55 + line	

Official Form 106A/B

	Tionica	Eileen	Beaver
Debtor 1	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

		ng state and federal nonbank ng federal exemptions. 11 U.		J.S.C. § 522(b)(3)							
2.	For any property y	or any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
		of the property and line on lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption						
			Copy the value from Schedule A/B	Check only one box for each exemption.							
	Line from	Old Cexus RX 50 101,000 miles	\$ 9,500-00	□ \$ 100% of fair market value, up to any applicable statutory limit	11 u.s.c. § 522(d)(z)						
	Brief description: Line from Schedule A/B:	Wingroom furnture, bles, lamps, carpets, eil draparles	\$ 450,00	\$ 950.00 100% of fair market value, up to any applicable statutory limit	11-4-5 c. 9 522 (d) (3)						
	Brief description: —	diningroom Funtture	\$_600.00	■ \$ <u>(000.00</u> ■ 100% of fair market value, up to	11 11 0 0 0 500(1)(2						

any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$160,375?

į	(Sub	ject to adjustment on	4/01/19 and every 3	vears after that for o	cases filed on or after the	e date of adjustment.)

Line from

Schedule A/B: 6:2

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

11 USC 9522(d)(3)

Document Page 12 of 24

Debtor 1

Beaver

Case number (# known) 18 - 14089 - e15

aine 24	Additional Page			
	f description of the property and line Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Line	ription:	res 500.00	■ \$ 500.00 100% of fair market value, up to any applicable statutory limit	11 U.Sc. 9522(d)(3)
Line	ription: <u>Kitchen appliances</u>	\$ 400.00	\$ 400.00 100% of fair market value, up to any applicable statutory limit	11 us.c. & 52z(d)
Line	ription: Wasiar) arraer	<u>\$ 350.00</u>	■ \$ 350.00 ■ 100% of fair market value, up to any applicable statutory limit	11 usc. 9 522(d):
Line	ription: reliptions compar	eks 1,200.00	■ \$ <u>i,200.0</u> D ■ 100% of fair market value, up to any applicable statutory limit	11 usc. 9 522(d)
Line	ription: Wear 112 appare	s 700.00	■ \$ 700.00 100% of fair market value, up to any applicable statutory limit	11 USC \$ 522(d)
Line	ription: CLECKING CHILDREN	<u>\$250.06</u>	■ \$ 2.50.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C 9 527(d)
Line	from National Bank Proposition 17.2	5.00	■ \$	11 U.S.C. & 522(d)
Line	from 29	s 4,620.36	■ \$ 4,620.34 □ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. & 522(d
Line	ription: from	\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
Line	f cription:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Line	f cription: ————————————————————————————————————	\$	□ \$ 100% of fair market value, up to any applicable statutory limit	
Line	f cription: ————————————————————————————————————	\$	s 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case	2:			
Debtor1 Tracy Files	n Beaver			
First Name Middle No. Debtor 2	arwe Last Name			
(Spouse, if filing) First Name Middle No.				
United States Bankruptcy Court for the: Eastern	District of Hennsylvania			
Case number 18-14089 - elf	_		☐ Check i	f this is an
			amende	
Official Form 106D				
Official Form 106D Schedule D: Creditors	s Who Have Claims Secur	ed by Pro	nertv	12/15
			·	
	If two married people are filing together, both are ed the Additional Page, fill it out, number the entries, a number (if known).			
Do any creditors have claims secured by	v vour property?			
	n to the court with your other schedules. You have noth	ing else to report on	this form.	
Yes. Fill in all of the information below.				
Part 21: List All Secured Claims				
		Column A	Column B	Column C
	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	abetical order according to the creditor's name.	value of collateral.	claim	If any
2.1 Mr. Corner	Describe the property that secures the claim:	\$1,040,346	67 950,000.00	90,346,67
Creditor's Name	Blut Real Estate Mortage			
8950 Cypress Waders Number Street	Blud. Keal Estate Mortgage			
	As of the date you file, the claim is: Check all that apply	•		i i
Coppell. TX 75019	☐ Contingent ☐ Unliquidated			- ACCUSE - Name
City State ZIP Code	☐ Disputed			1
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a tawauit ☐ Other (including a right to offset) Mayage			5 5
Check if this claim relates to a	Other (including a right to onset) 11 01 1	-		** *** ***
community debt Cocked 94/05 Date debt was incurred	Last 4 digits of account number 1 4 5 0			
2.2	Describe the property that secures the claim:	S	en un montremme son la fill e en ante eu en en en en trata committe	Standard scientific and security the
Creditor's Name		7		
Number Street				- - -
	As of the date you file, the claim is: Check all that apply	·		- May 11
	☐ Contingent ☐ Unliquidated			
City State ZIP Code	☐ Disputed			70 II
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			Ç. A
Check if this claim relates to a	Other (including a right to offset)			
community debt	l and d divide of any service service.			-
Date debt was incurred Add the dollar value of your entries in (Last 4 digits of account number Column A on this page. Write that number here:	\$ 1,040,340	b.lc.7	entre. Activity 1.2 May also serve along a
LIES HIS SOURL LAIMS OF LOST ALIFICO III			- 1 r	

	Case 18-14089-elf Doc 13	Filed 07/18/18 Entered 07/20/18	14:31:22	Desc M	lain
		Document Page 14 of 24			
Fil	l in this information to identify your case:				
De	Hotors Trace Eilen B	eaver			
	First Name Middle Name	Last Name			
	bouse, if filling) First Name Middle Name	Lest Name			
1	ited States Bankruptcy Court for the: Easlern Dist	riot of Penaculpania			
1	19-11-00 110	Telesalore, tree		☐ Chec	k if this is an
	ise number 18-14089-CIF (known)				nded filing
L		······································			
<u>Of</u>	ficial Form 106E/F				
Sc	chedule E/F: Creditors W	ho Have Unsecured Clain	ns		12/15
Be a	as complete and accurate as possible. Use Part	1 for creditors with PRIORITY claims and Part 2 for	creditors with	NONPRIORIT	Y claims.
List	the other party to any executory contracts or u	nexpired leases that could result in a claim. Also li	st executory co	ntracts on So	chedule
		ule G: Executory Contracts and Unexpired Leases (ed in Schedule D: Creditors Who Have Claims Secur			
nee	ded, copy the Part you need, fill it out, number t	the entries in the boxes on the left. Attach the Conti			
any	additional pages, write your name and case nu	,			
Pai	14: List All of Your PRIORITY Unsecur	ed Claims			
1.	Do any creditors have priority unsecured claims	в against you?			
	No. Go to Part 2.				
	Yes.				
		editor has more than one priority unsecured claim, list to a claim has both priority and nonpriority amounts, list the			
1	nonpriority amounts. As much as possible, list the	claims in alphabetical order according to the creditor's n	ame. If you have	more than tv	vo priority
	(For an explanation of each type of claim, see the i	Part 1. If more than one creditor holds a particular clain natructions for this form in the instruction booklet \	i, list the other c	reditors in Par	l J.
	(or an orphanically of cause type of claim, does not	Total desired for all a form and another postable,	Total claim	Priority	Nonpriority
				amount	amount
2.1		Last 4 digits of account number	\$	\$	<u>\$</u>
	Priority Creditor's Name				
	Number Street	When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply	y.		
	City State ZIP Code	Contingent			
	Who incurred the debt? Check one.	Unliquidated			
	Debtor 1 only	☐ Disputed			
	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Domestic support obligations			
	☐ Check if this claim is for a community debt	☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were			
	Is the claim subject to offset?	intoxicated			
	□ No	Other. Specify	-		
	The Yes	androse States androse College and Teles and Tales	eti viima paltiin, ii katappikkaatse ssi	klarin ett med de Metro e met sto ill 188	Late to the Particle separation in the Control of the
2.2	Priority Creditor's Name	Last 4 digits of account number	\$	\$	_\$
		When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that appl	v		
		Contingent	•		
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Check if this claim is for a community debt	 Claims for death or personal injury while you were intoxicated 			
	Is the claim subject to offset?	Other, Specify	_		
	□ No				
** 14	Yes				

	Case 18-14089-elf Doc 13 Filed 07/18	
Debtor		Page 15 of 24 Case number (# known) 18-14089-e14
	First Name Last Name	
Part	2: List All of Your NONPRIORITY Unsecured Claims	
	o any creditors have nonpriority unsecured claims against you?	
	No. You have nothing to report in this part. Submit this form to the Yes	court with your other schedules.
4. Li	st all of your nonpriority unsecured claims in the alphabetical o	rder of the creditor who holds each claim. If a creditor has more than one
no in	onpriority unsecured claim, list the creditor separately for each claim. cluded in Part 1. If more than one creditor holds a particular claim, lis	For each claim listed, identify what type of claim it is. Do not list claims already at the other creditors in Part 3.If you have more than three nonpriority unsecured
	aims fill out the Continuation Page of Part 2.	
		Total claim
4.1	Yortfolio Recovery	Last 4 digits of account number $\frac{4 \omega}{4 \omega}$ \$ $\frac{4 \omega}{5}$
	P.O.Box 12914	When was the debt incurred? 2015
,	Number Street	·
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.
		Contingent
	Who incurred the debt? Check one. Debtor 1 only	☐ Unliquidated ☐ Disputed
	Debtor 2 only	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Type of NONPRIORITY unsecured claim:
		Student loans Obligations arising out of a separation agreement or divorce
	Check if this claim is for a community debt	that you did not report as priority claims
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Creat Card
	Yes	
4.2	g para annong katawa ang papakat on na kasa ng pang manang manatapan ng katawa na kanang mga katawa na katawa ng kanang ng katawa ng	Last 4 digits of account number\$
	Nonpriority Creditor's Name	When was the debt incurred?
	Number Street	
		As of the date you file, the claim is: Check all that apply.
	City State ZIP Code	Contingent Unliquidated
	Who incurred the debt? Check one.	Disputed
	Debtor 1 only Debtor 2 only	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce
	Check if this claim is for a community debt	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
	is the claim subject to offset?	Other. Specify
		entre estados entre para la como entre ent
4.3		Last 4 digits of account number
	Nonpriority Creditor's Name	When was the debt incurred?
	Number Street	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.
	Who incurred the debt? Check one.	Contingent
	Who incurred the debt? Check one. Debtor 1 only	Unliquidated
	Debtor 2 only	Disputed
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Type of NONPRIORITY unsecured claim:
	_	Student loans
	Check if this claim is for a community debt is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	No	Debts to pension or profit-sharing plans, and other similar debts Other. Specify
	☐ Yes	Gurer. opposity
-		And Angeles control of the Control o

Debtor 1	Se 18-14089-elf Doc 13 Filed 07/18/ Tray Fileh Bound First Name Last Name Id the Amounts for Each Type of Unsecured Claim	Page 1	6 of 0/1	22 Desc Main - 14089 - elf
6. Total the a	amounts of certain types of unsecured claims. This informounts for each type of unsecured claim.	nation is for s	statistical reporting purposes of	only. 28 U.S.C. § 159.
		То	tal claim	
Total claims	6a. Domestic support obligations	6a. \$_		
from Part 1	6b. Taxes and certain other debts you owe the government			
	So Claime for dorth or normanal interest with your work			

6j. Total. Add lines 6f through 6i.

6j.

Fill	in this in	formation to i	dentify your ca	ise:			
Det	otor _	Tracy First Name	E)	leen a Name	Boaver Last Name		
	otor 2 ouse If filing)	First Name	Middl	e Name	Last Name		
Unit	ted States E				of <u>Pennsy</u> lvar	ગાંવ	
	se number nown)	18-19	1089-е	14			☐ Check if this is an
L							amended filing
Off	icial F	orm 106	iG				
Sc	hedu	ıle G: E	xecuto	ry Cor	ntracts and	Unexpired Leases	12/15
infor addir 1.	mation. If tional pag Do you ha	more space is es, write your ave any execu-	s needed, cop r name and car utory contracts and file this form	y the additions on the second of the second	onal page, fill it out, n f known). od leases? ot with your other sche	ogether, both are equally responsible for su umber the entries, and attach it to this page edules. You have nothing else to report on this f re listed on Schedule A/B: Property (Official For	On the top of any
	example, unexpired	rent, vehicle l leases.	lease, cell pho	ne). See the	instructions for this for	tract or lease. Then state what each contract m in the instruction booklet for more examples	of executory contracts and
	Person of	r company wi	th whom you i	nave the con	tract or lease	State what the contract or lease is	for
2.1	Name					_	
			.,			_	
	Number	Street				<u> </u>	
2.2	City		State	ZIP Code			
2. 2	Name			· · · · · · · · · · · · · · · · · · ·			
	Number	Street				_	
	City		State	ZIP Code		_	
2.3						_	
	Name						
	Number	Street	····				
	City		State	ZIP Code		_	
2.4	N					_	
	Name	·····			· · · · · · · · · · · · · · · · · · ·		
	Number	Street					
	City		State	ZIP Code		_	
2.5	Name					_	

Number

City

Street

ZIP Code

State

Fill in this	information to identify	y your case:					
Debtor 1	Tracy	Eileen	Beaver	_			
Debtor 2	First Name	Middle Name	Last Name				
(Spouse, if fili	ing) First Name	Middle Name	Last Name				
United State	es Bankruptcy Court for the	Eastern District o	<u>r Kennsylva</u>	nice			
Case numb	er <u>18-1408</u>	9-elf					
(if known)						☐ Check if this is	
						amended filing	3
Official	Form 106H						
Sched	dule H: You	r Codebtor	\$			12/1	5_
are filing to and numbe case number. 1. Do you No Yes. 2. Within Arizona Yes. 1. Yes.	ogether, both are equal or the entries in the box er (if known). Answer of u have any codebtors?	ly responsible for sup ces on the left. Attach avery question. (If you are filing a joint you lived in a commu- isiana, Nevada, New M her spouse, or legal equ ity state or territory did y	plying correct info the Additional Pag case, do not list eith nity property state exico, Puerto Rico, sivalent live with you	ormation. If more to this page. Of the spouse as a content of the content of the spouse as a content of the spouse as a content o	space n the t debtor mmuni n, and	ty property states and territories include	ut.
	Number Street						
	City	State		IP Code			
shown Sched	n in line 2 again as a co	odebtor only if that per I6D), <i>Schedule E/F</i> (Of	rson is a guaranto	r or cosigner. Mai	ke sur	ouse is filing with you. List the person e you have listed the creditor on all Form 106G). Use Schedule D,	
Colum	mn 1: Your codebtor				Colu	mn 2: The creditor to whom you owe the det	ot
 1					Che	ck all schedules that apply:	
3.1						Schedule D, line	
Name						Schedule E/F, line	
Numb	oer Street					Schedule G, line	
City		State		ZIP Code			
3.2						Schedule D, line	
Name						Schedule E/F, line	
Numb	per Street					Schedule G, line	
City		State		ZIP Code			
3.3		Siate		GOOG			
Name	3					Schedule D, line	
					_	Schedule E/F, line	
Numb	oer Street					Schedule G, line	
City		State		ZIP Code			

Fill in this information to identify	your case:					
Debtor 1 Tracy	Eileen Boar	e V				
First Name Debtor 2	Middle Name	Last Name		-		
(Spouse, if filing) First Name	Middle Name	Last Name		-		
United States Bankruptcy Court for the:		nnsylvania	•			
Case number 18-14089 (If known)	7- 61+			Check if th		
					ended filing lement showing postp	petition chapter 13
Off-1-1 F 4001					as of the following d	
Official Form 106l	I			MM / D	D/ YYYY	
Schedule I: You						12/15
Be as complete and accurate as posupplying correct information. If you are separated and your spou separate sheet to this form. On the Part 1: Describe Employm	ou are married and not filli se is not filing with you, o top of any additional pag	ng jointly, and you to not include info	ur spo ormat	ouse is living with yo ion about your spou	ou, include informationse. If more space is n	n about your spouse. eeded. attach a
Fill in your employment information.		Debtor 1			Debtor 2 or non-fil	ling spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed □ Not employe	ed	offen planting and the Lates of the COS is not refer to be an extra control of the COS is not the COS in the C	☐ Employed ☐ Not employed	a galanda kari ka kalanda da ka da galanda karanda karanda karanda da d
include part-time, seasonal, or self-employed work.		0 1 0	- i	A		
Occupation may include student or homemaker, if it applies.	Occupation	Real tes	sta	de Salesper	3 <u>000</u>	
	Employer's name	Contun	\ 	<u>21</u>		
	Employer's address	18 Jut Number Street	46	Zoad	Number Street	
		Qia. asa	a. 11	- 80 10140		
		Phoenix	State	ZIP Code	City	State ZIP Code
	How long employed the	re?				
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse had below if you need more space as	ive more than one employe	r, combine the info	_		•	
below. If you need more space, at	iauri a separate sneet to th	is iuiii.		For Debtor 1	For Debtor 2 or	
				LOI DADIOI I	non-filing spouse	
List monthly gross wages, sale deductions). If not paid monthly,			2.	s <u>0.00</u>	\$	
3. Estimate and list monthly over	time pay.		3.	+\$	+ \$	
4. Calculate gross income. Add li	ne 2 + line 3.		4.	\$ 0.00	\$	

Case 18-14089-elf Doc 13

J	LIIGU 07/10/10	EIIIGIGU 07/20/10 14.31.22	Desc Ma
	Document Do	ngo 20 of 24	

Debtor 1 Tracy First Name Middle Name Last Name		Са	se number (if kn	18-140	89-017
·		For	Debtor 1	For Debtor 2 or non-filing spous	9
Copy line 4 here	→ 4.	\$	0.00	\$	
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$		\$	
5b. Mandatory contributions for retirement plans	5b.	\$		\$	
5c. Voluntary contributions for retirement plans	5c.	\$		\$	
5d. Required repayments of retirement fund loans	5d.	\$		\$	
5e. Insurance	5e.	\$		\$	
5f. Domestic support obligations	5f.	\$		\$	
5g. Union dues	5g.	\$		\$	omanne
5h. Other deductions. Specify:	5h.	+\$		+ s	·
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	. 6.	\$		\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$		\$	_
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.06	\$	
8b. Interest and dividends	8b.	\$	0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive	ent				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	1,164.0)C \$	
8d. Unemployment compensation	8d.	\$		\$	-
8e. Social Security	8e.	\$	0.00	\$	MARKAGON.
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistathat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
Specify:	8f.	\$		\$	
8g. Pension or retirement income	8g.	\$		\$	
8h. Other monthly income. Specify: Contributions	8h.	+\$9	,500.0	o +s	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ <u>}</u> C	3644.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	\$10), 644-00	* * N/A	_ = \$ <u>10,644-0</u> 0
11. State all other regular contributions to the expenses that you list in Sche Include contributions from an unmarried partner, members of your household, friends or relatives.			ents, your roc	ommates, and other	
Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable	to pay exper	nses listed in Schedule	+ J .
Specify:					11. + \$
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain	Statisi	ical Info		-	12. \$10,644.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this \(\subseteq \text{No.} \)	form'	?			•
Yes. Explain: Increase from real estate	S	ales			

Fill in this information to identify your case: Debtor 1 Tracy Eilen Blaver First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Eastern District of Penns (If known)	ylvania A supp expens	nis is: ended filing plement showing post ses as of the following	
Official Form 106J			
Schedule J: Your Expenses			12/15
Be as complete and accurate as possible. If two married people are fi information. If more space is needed, attach another sheet to this for (if known). Answer every question.			-
Part 1: Describe Your Household			
 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for 	Separate Household of Debtor 2.		
2. Do you have dependents? No Do not list Debtor 1 and Yes. Fill out this information for		Dependeπt's age	Does dependent live with you?
Debtor 2. each dependent Do not state the dependents' names.	Daughter		□ No □ Yes □ No
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses			□ No □ Yes
Estimate your expenses as of your bankruptcy filing date unless you expenses as of a date after the bankruptcy is filed. If this is a suppler applicable date. Include expenses paid for with non-cash government assistance if you	mental <i>Schedule J</i> , check the book	ox at the top of the for	m and fill in the
such assistance and have included it on Schedule I: Your Income (Of 4. The rental or home ownership expenses for your residence. Include	•	Your expe	.091.55
any rent for the ground or lot.		4. \$	10711.00
If not included in line 4: 4a. Real estate taxes		4a. \$	
4b. Property, homeowner's, or renter's insurance		4b. \$	
4c. Home maintenance, repair, and upkeep expenses		4c. \$	
4d. Homeowner's association or condominium dues		4d. \$	87.50

Debtor 1

Tracy Eilen Beaver Case number (# known) 18-14089-e1f

			10416	vhenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	150.00
	6b. Water, sewer, garbage collection	6b.	\$	115.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.		
	6d. Other. Specify:	6d.	\$	
7.	Food and housekeeping supplies	7.	\$	200.00
8.	Childcare and children's education costs	8.	\$	
9.	Clothing, laundry, and dry cleaning	9.	\$	60.00
10.	Personal care products and services	10.	\$	20.00
11.	Medical and dental expenses	11.	\$	20.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	150.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	
14.		14.		
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	
	15b. Health insurance	15b.	\$	
	15c. Vehicle insurance	15c.	\$	90.00
	15d. Other insurance. Specify:	15d.	\$	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	
	17b. Car payments for Vehicle 2	17b.	\$	
	17c. Other. Specify:	17c.	\$	
	17d. Other. Specify:	17d.	\$	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	1e.		
	20a. Mortgages on other property	20a.	\$	
	20b. Real estate taxes	20b.	\$	
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	

Case 18-14089-elf Doc 13 Filed 07/18/18 Entered 07/20/18 14:31:22 Desc Main Document Page 23 of 24

21. Other. Specify:

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23c. Subtract your monthly expenses from your monthly income.

23c

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No. Explain here:

The result is your monthly net income.

Fill in this information to identify your case:	
Debtor 1 Tracy Eileen Beaver	
Debtor 2	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: <u>Eastern</u> District of <u>Pennsy</u> Van1a Case number 18 - 14089 - E1F	
Case number 18-17089 - CIT (If known)	Charle White is an
	☐ Check if this is an amended filing
Official Form 106Dec	
Declaration About an Individual De	btor's Schedules 12/15
If two married people are filing together, both are equally responsible for supplying You must file this form whenever you file bankruptcy schedules or amended sch	
Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill No	out bankruptcy forms?
Did you pay or agree to pay someone who is NOT an attorney to help you fill No Yes. Name of person At	ach Bankruptcy Petition Preparer's Notice, Declaration, and
Did you pay or agree to pay someone who is NOT an attorney to help you fill No Yes. Name of person At	
Did you pay or agree to pay someone who is NOT an attorney to help you fill No Yes. Name of person At	ach Bankruptcy Petition Preparer's Notice, Declaration, and
Did you pay or agree to pay someone who is NOT an attorney to help you fill No Yes. Name of person Skg	ach Bankruptcy Petition Preparer's Notice, Declaration, and inature (Official Form 119).
Did you pay or agree to pay someone who is NOT an attorney to help you fill No Yes. Name of person At	ach Bankruptcy Petition Preparer's Notice, Declaration, and inature (Official Form 119).
Did you pay or agree to pay someone who is NOT an attorney to help you fill No Yes. Name of person At Sig	ach Bankruptcy Petition Preparer's Notice, Declaration, and inature (Official Form 119).
Did you pay or agree to pay someone who is NOT an attorney to help you fill No Yes. Name of person At Sign Under penalty of perjury, I declare that I have read the summary and schedule that they are true and correct.	ach Bankruptcy Petition Preparer's Notice, Declaration, and inature (Official Form 119).
Did you pay or agree to pay someone who is NOT an attorney to help you fill No Yes. Name of person At Sign Under penalty of perjury, I declare that I have read the summary and schedul that they are true and correct.	ach Bankruptcy Petition Preparer's Notice, Declaration, and inature (Official Form 119).
Did you pay or agree to pay someone who is NOT an attorney to help you fill No Yes. Name of person Att Sig Under penalty of perjury, I declare that I have read the summary and schedul that they are true and correct.	ach Bankruptcy Petition Preparer's Notice, Declaration, and inature (Official Form 119).